

Nebraska Nursing NEWS

Volume 24 • Number 2 / Spring 2007

Faith Community Nursing

New Trends Shift
Nursing Shortage
Projections

Looking for Volunteer
Opportunities?

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COVER

Diana Wing, left, is with the Saint Francis Parish Nurse Program, and Kathy Stoddard, right, is a parish nurse at St. Stephen's Episcopal Church. Both are from Grand Island.

Executive Director's Message



I heard on the news the other day that the first Baby Boomers will retire on January 1, 2008. That is

less than one year away. We've been talking for years about the huge number of Baby Boomers who are nurses and debating what will happen to health care when they retire. This phenomenon has taken on some "Chicken Little" characteristics predicting that the system as we know it now is doomed to crash.

I have been watching with great interest the projections for the nursing shortage that will occur when the Baby Boomers begin to retire. The Nebraska Center for Nursing (NCFN) was formed in 2000 at a time when there was a critical shortage of nurses in the state and projections for overwhelming shortages in the next 10-20 years. I have the pleasure of providing staff support for the NCFN. Since their inception the NCFN has been working diligently to measure current supply and demand for nurses and to develop a model for projecting the need for nurses in the future. Newly released national projections indicate that we may be chasing a moving target.

The original forecast from the Health Resources and Services Administration (HRSA) in 1996 projected a shortage of 400,000 RNs by 2020. A revised report in 2002 predicted an even more critical shortage of 800,000 RNs by 2020. At the time of these earlier studies persons born in the 1970s were in their twenties and the slow rate at which they were becoming RNs was interpreted as a continuing decline in interest in nursing. Recently a new trend has been identified. Large numbers of those persons born in the 1970s are enter-

ing nursing in their late twenties and early thirties. The number of nurses born in the 1970s are now approaching the levels held by Baby Boomers in the nursing population. This trend was identified by Auerbach, Buerhaus and Staiger in the January/February 2007 issue of *Health Affairs*. These authors attribute this trend to several factors including undecided "twentysomethings" looking for a fresh start, the increasing number of foreign-born RNs entering the country, the Johnson and Johnson Campaign for Nursing's Future that increased interest in nursing and the effect of 9/11 as a tipping point in many people's decision to become a nurse. (see Ramirez article in this issue)

The latest forecast that includes this recently identified trend has decreased the projected nursing shortage in 2020 to 340,000 RNs. That is still a huge shortage, but it is less than half of the shortage as it was projected in 2002. So, who do we believe? Foretelling the future has never been an exact science. There are so many societal, economic and incidental factors that impact on career choices. What we do know is that later projections are usually more accurate than early projections because they are based on more real data. And it appears that new nurses are stepping in to fill the void that will be created by the retirement of the Baby Boomers. Maybe the sky isn't falling after all.

For more information on Nebraska's nursing shortage visit the NCFN's Web site www.center4nursing.com.

Charlene Kelly



President's Message

I look forward to the month of May as graduation approaches and new graduates excitedly anticipate securing jobs and starting their careers. As a nurse educator, I also have fears about

what is expected as the new graduate makes the transition from the role of "student" to "licensed nurse." Newly licensed nurses are expected to care for groups of acutely ill patients with complex needs; manage and supervise unlicensed assistive personnel; assign and delegate patient care activities; communicate with other health care professionals; and perform other duties as assigned. We expect newly licensed nurses to hit the ground running as they begin their careers. When expectations are not met, the new nurse may experience anxiety, self-doubt, dissatisfaction, and burnout.

High job-related stress may account for high turnover rates among our newly licensed nurses. Within the first year of employment, turnover ranges from 35 to 60%, and a nurse with less than one year tenure represents an estimated \$40,000 loss in employer hiring and orientation expenses (Halfer and Graf, 2006). Attrition of newly licensed nurses within the first year of employment is costly from a nursing economics viewpoint and may be perceived as a personal failure by the new nurse, depending on the reasons for leaving a job.

Concerns about the new graduate's adjustment to the practice setting have been addressed from time to time in the professional literature. Kramer (1974) described the phenomenon of "reality shock," which occurs when new graduates find themselves ill-prepared for work situations. New graduates may experience reality shock when roles and values learned in school are challenged or in conflict with work-setting practices. "Reality shock" was followed by the allegation that experienced nurses may be "eating our young" (Meissner, 1986). Recently, the workplace has been implicated in "lateral violence." "Lateral violence," sometimes referred to as horizontal hostility, is the technical term for the "nurses eating their young" phenomenon. Newly licensed nurses are vulnerable to lateral violence in the work place during their socialization to nursing practice. As a civilized profession, and with projected nursing shortages, we are challenged to provide newly licensed nurses with shock absorbers as we nurture our young in professional, growth-promoting workplace environments.

Nursing practice, education and regulation leaders convened to discuss transition from education to practice issues at a Transition Forum in Chicago on February 22, 2007. The Transition Forum was planned by

the Practice, Regulation and Education Committee of the National Council of State Boards of Nursing (NCSBN). Given space constraints, I will share information about two of the Transition Forum presentations which focused on programs that have been developed to facilitate the newly licensed nurse's adjustment to the practice setting.

Cathy Krsek, MSN, MBA, RN, presented information about collaboration between practice and education groups—the University HealthSystem Consortium (UHC) and the American Association of Colleges of Nursing (AACN). The collaboration resulted in the development of the UHC/AACN Nurse Residency Program. Outcomes of the year-long Nurse Residency Program support the benefits of such programs. Furthermore, the turnover rate of Nurse Residency Program participants is a remarkable 9.7% compared to the 35-60% range reported in the literature for new graduates. The Nurse Residency Program will be available to organizations outside of UHC in a few months. For more information, contact Cathy Krsek at: krsek@uhc.edu. While the Nurse Residency Program is designed for BSN graduates, Krsek indicated that most sites offer parallel programs for ASN graduates.

Carol Dobson, the Programme Director of Scotland's Flying Start program, presented information at the Transition Forum about an innovative web-based program in Scotland to transition new nurses into practice. Information about the Flying Start program can be accessed online at: www.flyingstart.scot.nhs.uk. Of interest, the content areas in Scotland's Flying Start program are similar to curriculum content areas in the Nurse Residency Program.

Clearly, the work environment has the potential of facilitating or hindering the transition process. Successful transition is facilitated in environments that support active engagement of the new graduate through encouraging the new graduate to seek out information, use role models, participate on committees in the workplace, and attend relevant continuing education programs. Preceptors/mentors who are responsive to the new graduate's enthusiasm, self-doubts, and skill development needs facilitate the transition process. Transition-friendly systems allow flexibility in extending or shortening orientation and transition periods in response to individual needs of new graduates as they acquire the necessary skills and behaviors needed to perform in professional nursing roles.

As a profession, the time has come to step up to the plate on behalf of our new graduates by developing a standardized approach to transition new nurses from education to practice.

Marcy Echternacht

Marcy Echternacht

Nebraska Board of Nursing

Meeting Schedule 2007

Meetings of the Nebraska Board of Nursing convene at 8:30 a.m.; however, the board immediately goes into closed session to review investigative reports. Members of the public may not be present during closed session. The board typically returns to open session after 11:30 a.m. The agendas for the meetings are posted on our Web site at <http://www.hhs.state.ne.us/crl/brdmtgs.htm#Nursing> or you may obtain an agenda by phoning (402) 471-4376.

Day/Date	Time	Meetings	Location
Thursday, May 17	8:30 a.m.	Board of Nursing	Staybridge Conference Center
Thursday, June 21	8:30 a.m.	Board of Nursing (Disciplinary Case Review Meeting – Most of meeting in closed session)	TBA
	2:00 p.m.	<i>Education Committee</i>	
	2:00 p.m.	<i>Practice Committee</i>	
Wednesday, July 18	1:30 p.m.	Board of Nursing Issues Discussion	TBA
Thursday, July 19	8:30 a.m.	Board of Nursing	
Tuesday, August 7- Friday, August 10		NCSBN Annual Meeting	Chicago, IL
Thursday, August 16	8:30 a.m. 2:00 p.m. 2:00 p.m.	Board of Nursing <i>Education Committee</i> <i>Practice Committee</i>	Staybridge Conference Center
Thursday, September 20	8:30 a.m.	Board of Nursing	Lied Center - Nebraska City
Wednesday, October 17	1:30 p.m.	Board of Nursing Issues Discussion	Staybridge Conference Center
Thursday, October 18	8:30 a.m. 2:00 p.m. 2:00 p.m.	Board of Nursing <i>Education Committee</i> <i>Practice Committee</i>	
Thursday, November 15	8:30 a.m.	Board of Nursing	Staybridge Conference Center
Friday, November 16		Nebraska Nursing Leadership Coalition Forum and annual meeting	
Thursday, December 20	8:30 a.m. 2:00 p.m. 2:00 p.m.	Board of Nursing <i>Education Committee</i> <i>Practice Committee</i>	Staybridge Conference Center

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www.center4nursing.org has changed to www.center4nursing.com

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NEBRASKA NURSING WORKFORCE RETENTION COALITION

Engaging and Retaining the Health Care Workforce — The Challenge of the Decade

Guest Presenter – Marsha Borling

May 8, 2007

8:15 am – 4:15 pm

Interstate Holiday Inn

7838 South US Highway 281

Grand Island, NE

(308)-384-7830

Program Description:

One of the most pressing and costly issues facing health care facilities in every state is the recruitment and retention of staff, particularly in specialty care areas. And there's no indication that this will be a short-term problem – all signs point to this shortage as being more severe and persistent than any past shortage. Already we are seeing workforce shortages in health care throughout country, and many Nebraska facilities are struggling to find and keep talented workers. Because retention is the best recruitment strategy, this forum focuses on demonstrated “best practice” tactics to create a positive work environment and engage high performing health care professionals.

Program Objectives:

- Describe five key issues causing health care organizations to be vulnerable to employee turnover and decreased morale.
- Describe trends affecting health care organizations' ability to attract and retain high performing staff.
- Identify essential work environment factors, behaviors and practices that contribute to a less vulnerable work environment.
- Identify strategies to increase the voice of frontline staff.
- Identify five “best practice” strategies used in organizations with high employee retention to improve the effectiveness of mid-level managers.
- Create a prototype that can be implemented immediately in the organization to increase retention and enhance recruitment.

About the Presenter:

Marsha Borling, RN, MA is a partner in the health care consulting firm, Baird/Borling Associates. Ms. Borling is a Registered Nurse with a Masters Degree in Managerial Communications. With over 19 years of frontline clinical and senior level hospital operations experience, Ms. Borling is uniquely prepared to work with a variety of health care professionals and providers to develop and implement contemporary strategies for organizational change. As a consultant for the past 11 years, Ms. Borling has worked with both large and small health care providers throughout the country, addressing workforce issues, assisting with leadership development, executive coaching, strategic planning, medical staff development, helping to turn around troubled situations, and other consulting initiatives.

Continuing Education:

Participants must attend the entire program to receive contact hours.

- Application has been made for 6 hours of continuing education (CE) credit for Nebraska nursing home administrators.
- Application has been made for 6 hours of continuing education (CE) credit for PHR, SPHR and GPHR recertification.
- Application for contact hours has been made to the Nebraska Nurses Association, an accredited approver, by the American Nurses Credentialing Center's Commission on Accreditation.
- The NHA Research and Education Foundation is authorized to award pre-approved Category II (non-ACHE) continuing education credit for these programs toward the advancement or recertification in the American College of Healthcare Executives. Participants wishing to have their continuing education hours toward Category II credit should list their attendance when applying for advancement or recertification in ACHE.

Workshop Sponsored by the Health Care Workforce Retention Coalition:

Nebraska Center for Nursing • Nebraska Health Care Association • Nebraska Hospital Association

NEBRASKA NURSING WORKFORCE RETENTION COALITION

Agenda

8:15 a.m.	Registration & continental breakfast	12:00 p.m.	Lunch
8:45 a.m.	Welcome, introductions, and program overview	12:45 p.m.	When the going gets tough <ul style="list-style-type: none"> • Maintaining a healthy work environment during conflict • Utilizing effective approaches to conflict management • Tips for managing individual and group conflict
8:50 a.m.	Setting the stage: National health care trends creating workforce vulnerability		
9:15 a.m.	Creating a workforce plan <ul style="list-style-type: none"> • Why a workforce plan? • Five major components 	2:15 p.m.	Break
9:45 a.m.	Break	2:30 p.m.	Nebraska Center for Nursing: Update on activities from around the state
10:00 a.m.	Prototype for less vulnerable work environment <ul style="list-style-type: none"> • Leadership practices <ul style="list-style-type: none"> ◦ Executive level ◦ Middle management • Effectively managing staffing/workload issues • Improving staff voice • Culture/employee recognition • Compensation practices • Managing work/life balance 	2:45 p.m.	Small group work: <ul style="list-style-type: none"> • Review of key takeaways • Identification of recruitment/retention “pearls” • Small group sharing
		4:00 p.m.	Q&A and Wrap-up
		4:15 p.m.	Adjourn

Registration Information

Registration fee – \$125 for first three facility representatives, the fourth is free (includes speakers, materials, CEUs, lunch, breaks and refreshments. ***Register Early, Space is Limited.***

Hotel Information

A block of rooms has been reserved for May 7, 2007, at the Interstate Holiday Inn in Grand Island, NE. Call (308) 384-7830 for reservations. The rate is \$79.95 + tax/night for a standard room. When making a reservation, request a room in the “Nebraska Hospital Association” group block. The final cut-off date for room reservations is April 16, 2007.

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By Juan Ramirez, Ph.D.

New National Nursing Demographic Trends

Shift the National Nursing Shortage Projections.

In the last issue of the Health Affairs journal (January-February 2007), authors David Auerbach, Peter I. Buerhaus and Douglas Staiger¹ show that according to an adjusted projection of the national nursing shortage, the shortage will be much lower than what was originally projected by the authors seven years ago². In the year 2000, they projected a nursing shortage of about 760,000 nurses by the year 2020; however, the number has decreased to 340,000 based on newer census data. Although this projection is significantly lower, the authors emphasize that the new projection is still three times that of the nursing shortage faced in 1988. During that time, many hospitals were forced to shut down for lack of nursing personnel.

How could this large difference in nursing shortage projections for the year 2020 have happened? The authors suggest that this change is mainly due to dramatic demographic changes regarding those entering the nursing profession; these changes were not noticed when the Census data from the year 1998 was used to make the first shortage projections. Now, with more recent data taken from the Census in the year 2005, new demographic trends are explaining the differences in nursing shortage projections.

The authors of the article have identified two new trends that explain this phenomenon: 1) a large number of people entering the profession in their late twenties and early thirties, and 2) an increased overall interest in nursing among recent cohorts. They point out that these new trends might be explained in part by 1) people in their twenties looking for a fresh start, in contrast with those in their late teens with fewer professions available to them, 2) an increased number of foreign nurses, especially from the Philippines, 3) the events of 9/11 that might have triggered an increased interest in the nursing profession, and 4) the Johnson

and Johnson Campaign for Nursing's Future that has spent millions of dollars on national strategies to recruit more people into the nursing profession, and increasing the capacity of nursing education programs.

Has Nebraska's nursing workforce experienced these national trends as well? The Nebraska Center for Nursing (CFN) is entering the data collected from the 2006 RN renewal surveys, and current demographic cohorts will be compared with



Juan Ramirez, Ph.D.

previous workforce surveys (from years 2000, 2002, and 2004) to find whether Nebraska has experienced similar trends. However, over the past six years in Nebraska there has been a reversing trend and actually an increase in the number of new RN/LPN students and new RN/LPN graduates. For instance, over 900 new students have enrolled in RN nursing programs since 2001. This is quite remarkable considering that between 1991 and 1999 more than 900 students discontinued enrollment in RN programs. That is to say, what was lost in 8 years was recovered in

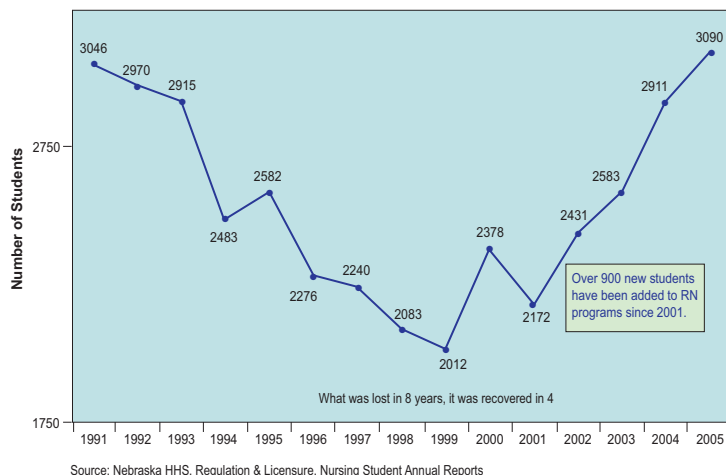
half of that time (see Graph 1). In terms of numbers of RN graduates, the State of Nebraska has also experienced an increase, especially in the past three years, with an average annual growth of 13.5%. Previous projections were estimated at 10% (Graph 2). The CFN expects that the majority of these new students and graduates will stay in the State of Nebraska to reinforce our supply of nurses, and in that way decrease the nursing shortage that we are facing (which is projected to worsen in the coming years). The Center has been committed since its conception in 2000 to providing better conditions for the nursing workforce. The Board Members and Staff of the CFN will continue this effort to provide the adequate conditions needed to stimulate a growing and highly qualified number of nurses in the State of Nebraska.

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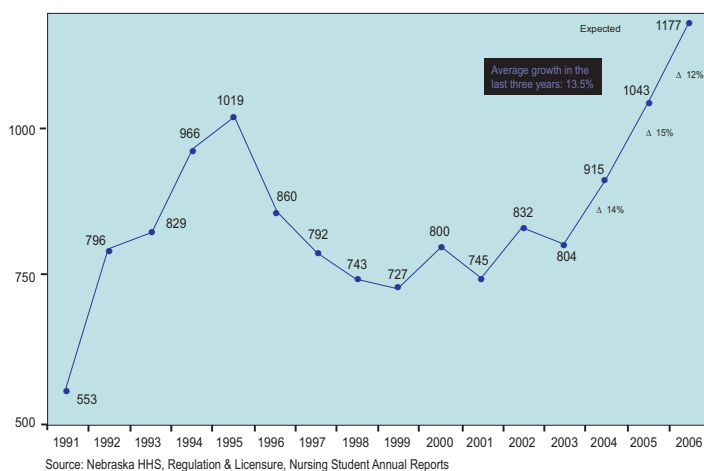
GRAPH 1

Total Students in RN Programs in Nebraska (1991-2005)



GRAPH 2

Total RN Graduates in Nebraska (1991-2006)



¹David I. Auerbach, Peter I. Buerhaus, and Douglas O. Staiger, "Better Late Than Never: Workforce Supply Implications Of Later Entry Into Nursing," Health Affairs", Volume 26 , Number 1 (2007): 178-185

²P. Buerhaus, D. Staiger, and D. Auerbach, "Implications of an Aging Registered Nurse Workforce," Journal of the American Medical Association 283, no. 22 (2000): 2948-2954

Juan Ramirez, Ph.D. is the Research Assistant with the Nebraska Center for Nursing.

By Sheila Exstrom, PhD, RN

Looking for Volunteer Opportunities?

The Board of Nursing office receives calls from retiring nurses who no longer want to work on a schedule or for a salary, but would like to maintain their licenses in active status so as to do some volunteer nursing and retain the right to use the term nurse. Remember the only persons who may legally use the term nurse are licensed RNs and LPNs.

Determine what nursing services would be helpful to a homeless shelter such as teaching good foot care, or at a senior center, or at a sheltered workshop.

To renew nursing licenses, each nurse must have at least 500 hours of nursing practice within the last five years of the renewal date. This equates to a little over eight hours a month (if done on a consistent basis). These hours can be accumulated by doing volunteer nursing, which means that the volunteer hours must

involve the practice of nursing.

The purpose of this article is to identify some ways to accumulate the required hours to maintain an active license by doing volunteer nursing and to invite readers to call in or write in additional opportunities that they may know about or suggest.

Some volunteer nursing is done in a structured setting such as in a parish/faith community. Parish nurses do a variety of nursing activities. Refer to the feature article in this issue of Nursing News.

Other opportunities might include helping the school nurse with certain screening activities. This may be a particular need in schools affiliated with churches where there is very limited school nurse coverage.

Other Possibilities:

- Participate on boards, committees, task forces, or "think tanks" that might benefit from participation by a nurse. An example might be a community or regional health department board. This might also include assisting with immunization clinics, or other health clinics sponsored by various health departments or agencies, such as helping with flu shots.

continued on page 15

Faith Community Nursing

They have many titles. Parish Nurses. Health Ministry Nurses. Faith Community Nurses. Congregational Nurses. Congregational Health Promoters.

"Faith Community Nursing" is the title favored by most. As the concept has evolved, more and more religions have embraced it; and most religions do not relate to the term "parish."

With the focus on spiritual health, the faith community nurse promotes health within a faith community through the practice of nursing. A faith community nurse is a registered nurse who facilitates the "wholistic" health of a congregation. It is often called a "healing ministry." The faith community nurse focuses on the spiritual, emotional, and physical dimensions of persons as they strive to achieve wellness and to manage their illness. The faith community nurse functions as a health educator, a health counselor, a referral agent, an advocate, and an integrator of spirituality and health.

The roles of the faith community nurses in Nebraska vary. Some congregations have paid nurses on staff, others have nurses that volunteer their time as needed. Some organize health fairs and support groups, others serve as consultants as needs

arise. The nursing role can be as intensive as the nurse and/or the congregation desires it to be.

Parish Nursing got its start in Chicago in the 1980s, at the impetus of a Lutheran General Hospital chaplain named Granger Westburg. As he dealt with patients, he saw two common themes: patients lamenting that they wished they had taken better care of themselves and patients with unresolved grief and anger that was presenting itself as an illness. He prayed for a connection between mind, body and spirit. He received a grant to place nurses in twelve church-based clinics. He received grants to start twelve church-based clinics, which placed a doctor and nurse in an already existing congregation with clergy present. This team approach allowed them to address all the dimensions of a person, and was extremely well-received.

As the grant money was running out, Dr. Westberg saw the nurse as key in this relationship. With one foot in the humanities and one foot in the sciences, the nurse was able to translate what

clergy and physician were saying so it made sense to the patient. In his next step, Dr. Westberg found six churches in the Chicago area who each took on a nurse as part of the parish staff. They remained team-oriented in their approach. He wrote a book about the concept, and the movement started to grow.

Faith Community Nursing is the newest recognized specialty practice by the American Nurses Association.

The scope and standards for Faith Community Nursing includes seven roles:

1. Health promotion and education
2. Health counseling
3. Referral sources
4. Volunteer coordinator
5. Support group developer
6. Advocacy
7. Integrator of faith and health

The later, "integrator of faith and health," is the most important, according to Ronnette Sailors, RN, Faith Community Nursing

Network Coordinator for Alegent Health in Omaha.

"Our Scope and Standards recognizes 'intentional care of the spirit' at the core of everything we do," Sailors said. "This, then, flows out into every other area of life affecting prevention, health promotion, illness care, justice and advocacy, and all the roles we perform as Faith Community Nurses for individuals or the community."

In 1993, St. Elizabeth Regional Medical Center was

the first hospital in Nebraska to offer a parish nursing training program. Maureen Bausch, RN, NACC, Parish Nurse Coordinator Saint Elizabeth Regional Medical Center coordinates the program. She is certified through the National Association of Catholic Chaplains.

Bausch's dual career of nursing and pastoral care integrate well for the educational outreach of the Saint Elizabeth Parish Nurse Educational Program.

She recalled the first parish nurse trained in their program was Mary Martin with Our Savior's Lutheran Church in Lincoln.

"Parish nurses need to know about the many resources available," said Bausch. "I am contacted by many persons in our community who want to share information with the parish nurses."

St. Francis Medical Center in Grand Island formed their parish nursing program in 1997. A team of nurse educators from Creighton University, led by Dr. Beth Furlong, conducted their first



Exercise class at St. Paul Lutheran

continued on the next page

continued from the last page

parish nursing education course. It was funded by a grant from the Sisters of Charity. Seventy-one (71) nurses have received training from St. Francis, under the direction of Diana Wing, RN.

“Forming a wellness council or health cabinet is the key to a successful parish nursing program,” claims Wing. Most health cabinets include a doctor, nurse, social worker, pharmacist and/or other health professionals that are members of the congregation. Having a designated cabinet is important to ensure consistency of programming should one of the members leave the cabinet. Some health cabinets serve one congregation. Other health cabinets are interdenominational and include representatives from several congregations. Many cabinets also include community representatives, too.

“The first step is to talk with the clergy of the church. Some are reluctant because they think it could create more work for them and impact the church’s budget. This isn’t true at all. What I ask is that

vides the foundation for the nurses to be successful,” said Wing. The course includes many assessment tools for preparing and educating a congregation to embrace a parish nurse concept.

Nebraska Methodist College also offers education and training for interested nurses. Rev. Dan Johnston is the director of spiritual development and health ministry at Nebraska Methodist College.

“Members of the clergy are not always prepared to discuss certain topics with their congregants—and gladly turn to their parish nurses. They can be the catalysts in providing support, education and access to resources for the clergy staff, as well as the people in their congregations.”

Nurse Wing offered a personal testament to faith community nursing. Her grandson is autistic. She and her husband belonged to a support group that met at a local pancake house. She approached her minister about holding the support group at her church, Third

City Christian Church in Grand Island. The church was receptive and the relationship has evolved to include the youth of the church holding special events for the autistic children. Faith community nurses are instrumental in inviting programming into their churches that address the specific needs of their congregation.

Yvonne Stock, RN, MS, taught nursing for 20 years before becoming a faith community nurse.

She directs the Center for Healthy Aging and Ministry Programs and Service (CHAMPS). The Center is comprised of several congregations in the Millard (NE) area—all of different denominations.

“Quite simply, the Center is charged with assisting people to have a better life—serving those that are going through transition and introducing them to the spirituality of aging,” states Stock. Over forty modules are offered that address the needs of the aging individual—Alzheimer’s, dealing with loss, choosing a nursing home, cooking for one, parenting your parents, health fairs, and more. An advisory committee suggests topics and direction for the Center.

A challenge mentioned by those interviewed was the parishioner that wanted more care than the faith community nurse was able to give. Faith community nurses do not provide any care that requires doctors’ orders. Faith community nurses will provide the resources and counsel to facilitate good medical care.

The “Journey to Jerusalem” has people moving at the World Fellowship Christian Church. As the faith community nurse, Lillian



Maureen Bausch



Ronnette Sailors and Lillian Rogers



Yvonne Stock

they bless the ministry and be available when called. Then ‘let it go’ and let the health cabinet take over.”

Many faith community nurses are volunteers. Others are paid through church or hospital-sponsored grants. Once congregations see the viability of faith community nurses or health cabinets, easing the expense into their budgets is not usually an issue.

Whether paid or volunteer, “one of the biggest challenges for many faith community nurse is the ‘ethical balance’ we must maintain. Not only are we nurses, we are members of the church family.” Bausch shared. “It is a very different role from a hospital-based nurse. When a member of the congregation receives a diagnosis and we are called in, oftentimes the patient asks that we not discuss it with their family—who are also members of our congregation...and want and deserve spiritual care from us.”

Ideally, faith community nurses attend a faith community nursing educational program. There are four major providers of parish/faith community nursing education in Nebraska. (See box.)

“The courses offered in faith community nursing education pro-

Rogers knew that if people understood the meaning and purpose of exercise, they would do it. Walking the distance from Omaha to Jerusalem before Easter will do just that, and her congregation will have a great time combining their miles to get there. (They hope to walk to Bethlehem at Christmas time.) She coordinates the “Lavender Ladies” who meet once a month over breakfast to discuss health topics such as self esteem, healthy mind, nutrition, complementary medicine, blood pressure and heart disease, breast cancer awareness, or words that help or hurt. She has done screening for blood pressure, weight, and prostate and colon cancer. They have had a health fair and a flu shot clinic. She is currently doing an eight-week support group for weight loss.

Lillian’s son is the pastor of her church. She joins other health ministry nurses when she states she has “been called” to this particular profession. Pulled by the spiritual aspect, she is called to visit the members of her congregation; and once she is there, the “nursing perspective” chimes in and she is able to assess a person’s health and offer care or education.

“As a faith community nurse, I am able to ‘meet people at a deeper level’ and tend to their spiritual needs,” Rogers shared. “What a reward to help people recover from their physical and spiritual pain.”

Joyce Davis Bunger is Assistant Dean, Creighton University School of Nursing and public member on the Board of Nursing.

Parish Nurse/Health Ministry Educational Programs in Nebraska

Nebraska is fortunate to have a wide variety of choices regarding Parish Nurse/Health Ministry Education. Please call contact persons to find out which one might meet your needs.

Alegent Health, Omaha

Faith Community Nursing Basic Preparation Course

Ronnette Sailors, RN, 402-898-8354 or rsailors@alegent.org

Methodist College and Methodist Health Systems, Omaha

Basic Parish Nursing Preparation:

Contact Dr. Susan Ward RN at 402-354-4965 or susie.ward@methodistcollege.edu.

Saint Elizabeth Regional Medical Center, Lincoln

Parish Nurse Training:

Contact Maureen Bausch at 402-219-7314 or mbausch@stez.org

Saint Francis Medical Center, Grand Island

Parish Nurse Course

Contact Diana Wing, 308- 308-398-5799 or dwing@sfmc-gi.org

continued from page 12

- Volunteer to assist with various screening activities such as blood pressure, cholesterol, glaucoma, self breast exams, etc.
- Determine what nursing services would be helpful to a homeless shelter such as teaching good foot care, or at a senior center, or at a sheltered workshop.
- Accompany persons to the physician’s office who may require a nurse to help them understand how to implement the medications and treatments ordered by the health care provider. Monitor to see that it is being done correctly.
- Volunteer to teach with Red Cross or similar organizations such things as CPR, healthy living practices, basic first aid, baby care, healthy parenting, and/or management of certain diseases.
- Relieve a family member who may be caring for a family member in the home that may be on a ventilator, may be getting continuous IV administration, may require medication administration, or may have specific behavior problems that preclude leaving them alone for even a little while.
- Some institutions, such as hospitals or long-term care facilities

may have certain volunteer activities that only a nurse is allowed to do, such as “rocking” the babies in a premature nursery.

- Be a camp nurse at a diabetic camp, a muscular dystrophy camp, or other such camp.
- Be the nurse that goes with the sports team or the school band or debate team or church group that may be gone from the area or even the country for a time and requires some nursing availability.
- Tutor nursing students or do guest lecturing for a nursing program.

This is just the beginning of ideas on how to accumulate practice hours as a volunteer. There are two important things to remember when doing this:

1. *Keep a log of the hours spent doing volunteer nursing so if audited at renewal this information can be provided.*
2. *Nursing care, even very highly-skilled nursing care that is provided to immediate family members cannot be used as nursing practice hours for the purpose of license renewal.*

New Advisory Opinions

The Board of Nursing has recently approved two new advisory opinions, *Nurses' Accountability to Perform Cardiopulmonary Resuscitation (CPR) and Gastric Tube Insertion: Selection of Insertion Site and Type of Tube.*

Nurses' Accountability to Perform Cardiopulmonary Resuscitation (CPR)

All licensed nurses, regardless of their practice setting, are accountable in an emergency to resuscitate individuals who are present in the practice setting for the purpose of receiving care, unless the individual has a Do Not Resuscitate (DNR) order or other advanced directive. Nurses should perform resuscitation based on their assessment of the situation and their level of competency. Current CPR certification is not required in order for the nurse to be accountable to assist the individual to the best of his/her ability. However, maintaining current CPR certification is the professional standard for all licensed nurses. A nurse is not expected to perform resuscitation on an individual when obvious signs of death are present unless facility policy states otherwise. Obvious signs of death include lividity or pooling of blood in dependent body parts (livor mortis), cooling of the body following death (algor mortis), hardening of muscles or rigidity (rigor mortis), and injuries incompatible with life.

A licensed nurse is accountable to be competent for all nursing care that he/she provides. Competence means the ability of the nurse to apply interpersonal, technical and decision-making skills at the level of knowledge consistent with the prevailing standard for the nursing activity being applied. Accountability also includes acknowledgement of personal limitations in knowledge and skills, and communicating the need for specialized instruction prior to providing any nursing activity.

2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. (2005). Retrieved October 6, 2006 from http://circ.ahajournals.org/cgi/content/full/1112/24_suppl/IV-6.

Gastric Tube Insertion: Selection of Insertion Site and Type of Tube

When a licensed nurse receives an order to insert a gastric tube, the insertion site (nasal or oral) and type of tube may not be specified in the order. The process of determining type of tube and insertion site is similar to determining size of Foley catheter tube to use or the needle type, size and injection site. Therefore, the selection of insertion site and type of tube for gastric tube insertion is within the scope of practice for licensed nurses who are competent to make this determination. It is the opinion of the Nebraska Board of Nursing that it is acceptable practice for nurses licensed in Nebraska to make such determinations.

A licensed nurse is accountable to be competent for all nursing care that he/she provides. Competence means the ability of the nurse to apply interpersonal, technical and decision-making skills at the level of knowledge consistent with the prevailing standard for the nursing activity being applied. Accountability also includes acknowledgment of personal limitations in knowledge and skills, and communicating the need for specialized instruction prior to providing any nursing activity.

These and all of the advisory opinions are available on our web site, www.bhs.state.ne.us/crnl/nursing/nursingindex.htm.

Licensure Actions

The following is a list of licensure actions taken between December 1, 2006 and February 28, 2007. Additional information on any of these actions is available by calling (402) 471-4923.

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Nancy Brodersen, LPN	12/04/06	Censure Civil Penalty	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice. Committing any act that endangers patient safety and welfare. Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Janis Cole, RN	12/4/06	Censure Suspension	Unprofessional Conduct-Falsification of patient records. Failure to maintain an accurate patient record.
Baxter McNeal, RN	12/4/06	Initial License Issued on Probation	Misdemeanor convictions having a rational relation to fitness to practice.
Suzanne VanHorne, RN	12/4/06	Censure Suspension	Violation of previously imposed conditions of probation.
Sheryl Buss, LPN	12/4/06	Suspension	Habitual Dependence. Dishonorable Conduct- Lack of proficiency sufficient to meet the standards required for practice of the profession. Violation of the Uniform Controlled Substances Act. Unprofessional Conduct-obtaining controlled substance by forging medical orders.
Kristen Cardenas, LPN	12/5/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Practice of the profession beyond authorized scope.
Julie Carroll, LPN	12/14/06	Revocation	Unprofessional Conduct-Falsification of patient records. Misappropriation of medication. Misrepresentation of material facts in attempting to procure nursing employment. Violation of the Uniform Controlled Substances Act.
Vivian Gilleland, RN	12/15/06	Suspension of Privilege to Practice in NE under Nurse License Compact	Unprofessional Conduct-Failure to utilize appropriate judgment. Verbal or physical abuse of a patient.
Dennis Derr, RN	1/4/07	Censure Civil Penalty Retroactive Suspension	Unprofessional Conduct-Falsification of material facts in a document connected with the practice of nursing.
Fred Fisher, RN	1/04/07	Revocation	Dishonorable Conduct-Multiple criminal convictions. Misdemeanor convictions which have a rational connection to fitness to practice the profession. Failure to report criminal convictions in accordance with the state mandatory reporting law.
Steven Courson, RN	1/4/07	Voluntary Surrender of Privilege to Practice in NE under Nurse License Compact	Violation of previously imposed conditions of licensure probation.
Holly Schmidt, RN	1/4/07	Voluntary Surrender of License and Privilege to Practice in NE under the Nurse License Compact	
Connie Voiz, RN	1/4/07	Voluntary Surrender of Privilege to Practice in NE under Nurse License Compact	

DISCIPLINARY ACTIONS

Ann Cleveland, LPN	1/4/07	Voluntary Surrender of License and Privilege to Practice in NE under the Nurse License Compact	
Robert McMahon, RN	1/10/07	Censure Civil Penalty	Unprofessional Conduct-Practice beyond authorized scope. Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Gail Henry, LPN	1/10/07	Non-Disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Jeanie Bohnenkamp, RN	1/12/07	Initial License Issued on Probation	Misdemeanor convictions having a rational relation to fitness to practice.
Leticia Huerta, LPN	1/14/07	Revocation	Violation of the Uniform Controlled Substance Act. Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based on level of licensure. Committing any act that endangers patient safety and welfare. Leaving a patient care nursing assignment
Denise O'Connor, RN	1/14/07	Suspension	Habitual Dependence. Unprofessional Conduct-Misappropriation of medications. Violation of the Uniform Controlled Substances Act.
Melody Duran Gahona, LPN	1/16/07	Censure Civil Penalty Suspension	Unprofessional Conduct-Misappropriation of medication of a patient or agency.
Susan Dike, RN	1/30/07	Non-Disciplinary Assurance of Compliance	Violation of the Uniform Controlled Substance Act.
Kristine Kenaston, RN	1/30/07	Non-Disciplinary Assurance of Compliance	Violation of the Uniform Controlled Substance Act.
Caryn Gekas, RN	2/5/07	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to maintain an accurate patient record.
Tammela Annecharico, LPN	2/5/07	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Practice beyond authorized scope.
Frances Leflore, LPN	2/6/07	Non-Disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Stanley Roethemeyer, CRNA	2/7/07	Probation	Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession. Failure to keep and maintain adequate records of treatment or service. Conviction of a misdemeanor which has a rational connection with fitness to practice the profession. Violation of the Uniform Controlled Substance Act-Failure to comply with controlled substance destruction requirements.
Dawn Shippee, LPN	2/7/07	Revocation	Unprofessional Conduct-Committing any act which endangers patient safety or welfare. Failure to furnish the Board or its investigator with requested information or requested documents.
Mary Bauder, RN	2/7/07	Voluntary and Permanent Surrender in Lieu of Discipline	
Tricia Ogwang, LPN	2/9/07	Revocation	Violation of previously imposed conditions of licensure probation.
Tiffani Cullum, LPN	2/17/07	Revocation	Violation of previously imposed conditions of licensure probation.
Cheryl Novotny, LPN	2/17/07	Revocation	Habitual intoxication or dependence or failure to comply with a treatment program or aftercare program entered into under LAP. Violation of the Uniform Controlled Substances Act by knowingly possessing marijuana and methamphetamine. Dishonorable Conduct-Misrepresentation of material facts on her application for licensure reinstatement. Conviction of a felony which has a rational connection to fitness to practice the profession.

NEBRASKA LICENSEE ASSISTANCE PROGRAM

Funded by a portion of the fee for each license issued, renewed, or reinstated, the Nebraska Licensee Assistance Program (NE LAP) is available to health care professionals. At the heart of the NE LAP program is help for eligible individuals with substance abuse and addiction problems. In addition to providing an opportunity for individuals seeking confidential evaluation and assessment, NE LAP offers educational programs that may be customized to differing audiences. Following is a partial list of presentation topics and their potential audiences: Introduction to the Licensee Assistance Program and Other Peer Assistance Programs (targeted to employers, human resource specialists, students, and supervisors); Chemical Dependency and the Health Care Professional (targeted for students, health care professionals and administrators); Intervention for the Chemically Dependent Health Care Professional (targeted for administrators and supervisors).

Whether desiring to arrange for an individual contact or making arrangements for an educational program, NE LAP may be reached at (402) 354-8055 or (800) 851-2336. Judi Leibrock MHR, LPC, LADC, licensee assistance coordinator, may be reached by e-mail at: jleibro@bestcareap.org.

If you would like information about how to locate a 12-step support group meeting or a support group for health care professionals in recovery meeting in your community, contact Judi Leibrock.

<http://www.lapne.org/>

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NE Heart Hospital Ad these 2

MANDATORY REPORTING Q & A

Q

- I just got terminated from my nursing position for alleged “excessive medication errors.”
- Am I required to report my termination?

A

- Yes. According to the section of the Uniform Licensing Law [Neb. Rev. Stat. § 71-168 4(c) (ii)] any nurse who loses employment due to alleged incompetence, negligence, unethical or unprofessional conduct; or
- physical, mental, or chemical impairment is required to report. Excessive medication errors could be determined to be unprofessional conduct.

Reporting forms can be obtained from the Department’s Web site at <http://www.hhss.ne.gov/reg/INVEST-P.HTM>. The forms should be printed and sent via US Mail. Emailed reports are not acceptable. When the report is received the Department will make a determination if an investigation should be conducted. Not all terminations result in an investigation. Failure to report a termination is grounds for action against a license.

ADVANCED PRACTICE REGISTERED NURSE Q & A

Q

- As an APRN, what is my responsibility as far as notifying the Department of new
- practice agreements?

A

- An APRN licensed in Nebraska may not practice until they have submitted an integrated practice agreement with a collaborating physician to the Department. It is the responsibility of the APRN to maintain current and
- accurate practice agreement(s) with the Department. The APRN is responsible to notify the Department of the termination of an agreement as well as submitting any new agreements. An APRN is only required to have one practice agreement on file, but may have more than one. Practicing without a practice agreement on file with the Department may result in discipline of the APRN’s license.

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BOARD OF NURSING MEMBER PUBLISHES BOOK

Sandra Mann, public member on the Board of Nursing has published her first book. She held a book signing during a break at a recent board meeting. The book, *Corporate Cowboy*, is a novel based on Sandra's experiences growing up and living in the Sandhills of Nebraska. Sandra said she wrote the book as a legacy for her grandchildren and as a way to convey to them her philosophy on life.

If you are interested in learning more about the book or obtaining a copy you can contact Sandra at smann@nctc.net.



Eastern Nebraska Veterans' Home

125005 40th Street, Bellevue, Nebraska 68123

Eastern Nebraska Veterans' Home

The Eastern Nebraska Veterans' Home is a new, state-of-the-art, 120-bed residential facility opening in May. Dedicated to serving Nebraska's veterans and heroes, the new facility will offer assisted living, skilled nursing care, intermediate skilled nursing care and an Alzheimer's unit.

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Registry Action on Nurse Aides & Medication Aides

From 11/22/2006 to 01/31/2007, the following nurse aides have become ineligible for employment in long-term care facilities and/or intermediate care facilities for persons with mental retardation:

Name	Nurse Aide Registry #	Action	Date Entered
Brown, Anita Marie	45917	Finding of Neglect	01/16/2007
Brown, Ardell	49117	Finding of Conviction	12/13/2006
Brown, Linda Jo	17132	Finding of Misappropriation	01/10/2007
Hamusankwa, Hamangaba	71408	Finding of Neglect	12/28/2006
Keith, Ricki Lee	60180	Finding of Abuse Finding of Neglect	11/29/2006
Muchegwa, Nyasha	72313	Action in Other State	12/20/2006
Ulrich, Shirley	7465	Finding of Neglect	12/01/2006

From 11/22/2006 to 1/31/2007, the following medication aides have been removed from the Medication Aide Registry:

Name	Medication Aide Reg #	Action	Date Entered
Benting, Johanna Lynn	47358	Competency Violation	12/13/2006
Biltoft, Shannon R.	55784	Moral Character	12/13/2006
Brown, Ardell	46297	Moral Character	12/13/2006
Flores, Shirelle	56115	Competency Violation	12/13/2006

Nursing Schools/Programs Span the State of Nebraska

Opportunities for nursing education span the state. Below is the listing, by alphabetical location, of the 10 Practical Nursing Programs located on 14 campuses, the seven Associate Degree Programs, the seven Baccalaureate Degree programs located on 11 campuses, the two BSN programs for RNs only, the six Master's Degree programs, the one Doctoral Program and the one Master's degree Nurse Anesthesia program. All programs leading to initial licensure as either an LPN or an RN are approved by the Nebraska Board of Nursing.

ALLIANCE

Western Nebraska Community College –
PN Program

BEATRICE

Southeast Community College –
Beatrice Campus – PN Program

COLUMBUS

Central Community College –
Platte Campus – PN Program

FREMONT

Midland Lutheran College –
BSN Program

GRAND ISLAND

Central Community College –
PN and ADN Programs

HASTINGS

Creighton University – Hastings Campus
– BSN Program

KEARNEY

Central Community College –
Kearney Campus – PN Program
University of NE Medical Center
College of Nursing – Kearney Division
– BSN Program

LINCOLN

BryanLGH Medical Center –
BSN and Nurse Anesthesia Programs
Hamilton College, Lincoln – PN program

Nebraska Wesleyan University –
BSN Completion for RNs and
MSN Programs

Southeast Community College –
PN and ADN Programs

Union College – BSN Program
University of NE Medical Center
College of Nursing – BSN Program

NORFOLK

Northeast Community College –
PN and ADN Programs

NORTH PLATTE

Mid-Plains Community College –
PN and ADN Programs

continued on the next page



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Nursing Schools/Programs Span the State of Nebraska

OMAHA

Clarkson College – PN, BSN and MSN Programs

College of Saint Mary – PN, ADN, BSN Completion for RNs and MSN programs

Creighton University – BSN and MSN Programs

Hamilton College, Omaha – PN Program

Methodist College of Nursing and Allied Health – BSN and MSN Programs

Metropolitan Community College – PN and ADN Programs

University of NE Medical Center College of Nursing – BSN, MSN, and PhD Programs

SCOTTSBLUFF

University of NE Medical Center

College of Nursing – Scottsbluff Division – BSN Program

Western Nebraska Community College – PN and ADN Programs

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In addition to the programs and campuses listed above, PN education is offered at six additional satellite locations – Sidney, Valentine, Broken Bow, McCook, Geneva and Falls City.

In addition to the two BSN programs designed specifically for RNs only, any of the other BSN programs have options for LPNs and RNs to complete a BSN degree.

Many of the programs, both RN and PN, offer some of their classes by distance.

You may gain more information about these programs, such as the director of the program, how to contact by mail or telephone, and their websites where even more information is available such as accreditation status, admission criteria, course of studies, faculty and answers to additional questions that you may have by accessing our following website: www.lhss.ne.gov/crl/nursing/rn-lpn/schools.htm

The Nebraska Board of nursing also approves the eight LPN-C courses that are taught to LPNs desiring to become certified in additional IV therapy activities. The web site to access these courses, the coordinators, the locations and methods of contact is www.lhss.ne.gov/crl/nursing/lpn-c/programs.htm

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**Contact Dani Eveloff
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1987 Twenty Years Ago in Nursing News

- There were 14,423 RNs, 6,573 LPNs, 22 Nurse Practitioners and 224 CRNAs licensed in Nebraska
- The Board of Nursing issued a statement that it is appropriate practice for an LPN to draw venous blood. The LPN must show competency and the patient must have been assessed. Drawing blood is an unregulated activity. A license to practice a profession can not prevent the licensee from performing an unregulated activity.
- Mildred Rowly, RN, administration representative on the board wrote to describe her experiences as a board member. Ms. Rowley was appointed by Governor Exon and reappointed by Governor Kerrey.
- Mary Neumann, RN-CNP, BSN, wrote an article explaining the distinctions between accreditation, licensure and certification. Voluntary vs. statutory certification was also explained.
- Karen Andreason-Smith, RN, board member wrote an article outlining the regulatory role of the Board of Nursing and contrasting the role with that of the nursing organizations that promote nursing.
- Corrinne Pedersen, consumer member of the Board of Nursing wrote an article outlining the legislative process and encouraging nurses to pay special attention to LB 691, the Chemically Impaired Professional Act.
- Terri Stutzman resigned for the staff of the Bureau of Examining Boards to take a position with the State Banking Department. She had been with the Bureau of Examining Boards for eight years.

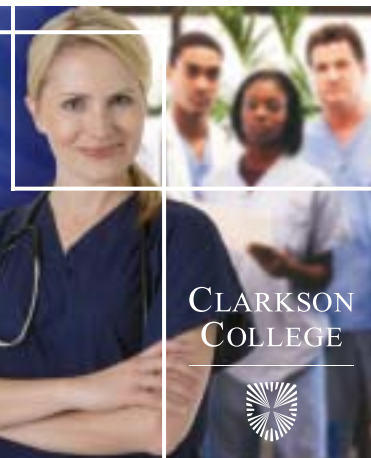
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If you do not have access to the Internet, please contact the Credentialing Division for information or questions concerning:

Nursing and Nursing Support

General Issues

Charlene Kelly, R.N., Ph.D.
Section Administrator
(402) 471-0317
charlene.kelly@hhs.ne.gov

Advanced Practice Nursing

(CRNA, CNM, APRN)

Initial Licensure

Licensure by Endorsement

Reinstatement of Licensure

License Renewal/Audit Questions

Kathy Anderson
(402) 471-2666
kathy.anderson@hhs.ne.gov

Nursing Practice Issues

Karen Bowen, R.N., M.S.
(402) 471-6443
karen.bowen@hhs.ne.gov

Registered Nurse

Licensure Based on Examination (NCLEX®)

Licensure Based on Endorsement

Renewal/Audit Questions

Kelli Dalrymple
(402) 471-4375
kelli.dalrymple@hhs.ne.gov

Licensed Practical Nurse

Licensure Based on Examination (NCLEX®)

Licensure Based on Endorsement

Renewal/Audit Questions

Mary Ann Moore
(402) 471-4925
maryann.moore@hhs.ne.gov

Licensed Practical Nurse

CERTIFIED

Certification by Examination

Certification Renewal/Audit Questions

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maryann.moore@hhs.ne.gov

Foreign Educated Nurses

Sheila Exstrom, R.N., Ph.D.
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Nursing Statutes

Rules and Regulations

Charlene Kelly, R.N., Ph.D.
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Scope of Practice and Practice Standards

Karen Bowen, R.N., M.S.,
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Education Issues, Curriculum Revisions and Nursing Program Surveys

Sheila Exstrom, R.N., Ph.D.
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Refresher Course/Designing Own Review Course of Study

Sheila Exstrom, R.N., Ph.D.
(402) 471-4917
Sheila.Exstrom@hhs.ne.gov

RN and LPN license Reinstatement

Name and/or Address Change

(Please provide your name and Social Security number)

Certifications/Verifications

Duplicate/Reissue Licenses

Kathy Anderson
(402) 471-2666
kathy.anderson@hhs.ne.gov

Nursing Student Loan Program

Anne Beckius
(402) 471-2354

Probation Compliance Monitoring

Ruth Schuldt, R.N., B.S.
(402) 471-0313
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OR
Shirley Nave
(402) 471-0136
Shirley.nave@hhs.ne.gov

Complaint Filing

Investigations Division
(402) 471-0175

Medication Aide

Medication Aide Role and Practice Standards

Marletta Stark, R.N., B.S.N., Program Manager
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Name and/or Address Change

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Medication Aide Registry and Applications

Teresa Luse
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Medication Aide Testing

Kathy Eberly
(402) 471-4364
kathy.eberly@hhs.ne.gov

Nurse Aide

Nurse Aide Role and Practice Standards

Marletta Stark, R.N., B.S.N.
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Nurse Aide Registry

Wanda Wiese
(402) 471-0537
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Name and/or Address Change

(Please provide your name and Social Security number)

Wanda Wiese at (402) 471-0537
wanda.wiese@hhs.ne.gov

Questions Related to: Interstate Endorsements, Nursing Students, Military Training, Foreign Trained Nurses

Nancy Stava
(402) 471-4971
nancy.stava@hhs.ne.gov

Nurse Aide Testing

Kathy Eberly
(402) 471-4364
kathy.eberly@hhs.ne.gov

General

Mailing Labels

Available online at:
<http://www.hhs.state.ne.us/crl/orders.htm>

Information on Disciplinary Actions

Carmen Bachle
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